.a. n. Bhonon 300 8. Stady-1054 RIZONA STATE DEPARTMENT OF HEALTH majs 5070 DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH REGISTRAR'S NO. 1. PLACE OF DEATH 2. USUAL RESIDENCE DENCE IWHERE DECEASED LIVED.

IF INSTITUTION: RESIDENCE BEFORE AS

B. COUNTYPIME
OUTSIDE CORPORATE LIMITS, WRITE RURAL FORE ADMISSION). A. STATE <u>Pima</u> CE OF DEATH B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL)
TOWN TIPSOT C. CITY HE OR TOWN C. LENGTH OF STAY
IN THIS PLACE IN ARIZONA
22 Yrs. 47 AND Tucson Tucson ESIDENCE FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION . LOWell Rd. (IF RURAL, GIVE LOCATION) STREET ADDRESS 5 3820 Ft. Lowell Road NAME OF 2 (MIDDLE) DECEASED Tressie May Evans Post Female | White 6. MARRIED ... 7. DATE OF BIRTH
NEVER MARRIED WIDOWED DIVORCED DY 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). AGE UNDER 24 HOURS HOURS MIN. 71 MORHS 2 PERSONAL 3 ECEDENT 9B. KIND OF BUSI. 10. BIRTHPLACE (STAT. NESS OR INDUSTRY XXXXXX IOWS CITIZEN OF Y 13. SOCIAL SECURITY NO. **NONE** (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE NO. DATA / 7/ 4B. BIRTHPLACE 14A. FATHER'S NAME SB. BIRTHPLACE 15A. MOTHER'S MAIDEN NAME BWOI" Elizabeth Ann Mayberry Willis Sumeral Evans Ohio 16. INFORMANT'S SIGNATUR DATE ADDRESS (MONTH) FOWELL DEATH 14, 1949 Feb. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH CAUSE 4960 MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (b) (C). I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\* (a) Certero Relevas hert dese †THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAIL-URE. ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED. ANTECEDENT CAUSES OF 0 MORBID CONDITIONS, IF ANY, GIVING DUE TO (b), RISE TO THE ABOVE CAUSE (a) STAT. ING THE UNDERLYING CAUSE LAST. DEATH ITEM 18) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS J0 CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH 19A, DATE OF OPERATION JOB. MAJOR FINDINGS 20. AUTOPSY? PERATIONS, 2 Exploration (SPECIFY) YES [] νο ₩ AUTOPSY 21A. ACCIDENT SUICIDE HOMICIDE 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 21C. (CITY OR YOWN) DEATH DUE TO 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? EXTERNAL M WHILE AT NOT WHILE ENCE -1NJURY 19 48 TO FELC. 14, 191 22. I HEREBY CERTIFY MEDICAL FROM THE CAUSES AND ON THE DATE STATED ABOVE CORONER'S ITIFICATION 18005 Speedure 24D. LOCATION (SITY. TOWN. OR COUNTY) 24B. DATE FUNERAL 55 David Cemetery St. David, Arizona 16-1949 DIRECTOR REMOVAL 26. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Tucson, Arizona EGISTRAR